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SECRETARY OF STATE ALLAHASSEE, FLORIDA sirty)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: SANDSTON	IE SALES, INC.,				
DOCUMENT I	NUMBER: P08000082657					
The enclosed A	ticles of Amendment and fee a	are submitted for filing.				
Please return all	correspondence concerning th	is matter to the following:				
Jo	DE PINO		··			
	(Name	of Contact Person)				
S	ANDSTONE SALES, INC.					
	(Fi	rm/ Company)				
18	1800 W. MORRISON AVE.,					
		(Address)				
T	AMPA, FL., 33606					
	(City/ S	tate and Zip Code)				
For further infor	mation concerning this matter,	please call:				
JOE PINO		at (813) 465-00	50			
(Name of Contact Person) (Area Co		(Area Code & Daytime	Telephone Number)			
Enclosed is a ch	eck for the following amount:					
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section		Street Address Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



SAND	STO	NE SA	LES	. INC.
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(Name of corporation as currently filed with the Florida Dept. of State)

P08000082657
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
N/A
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
SEE ATTACHMENT #1
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A
N/A
(continued)

ATTACHMENT #1

ARTICLE II – PRINICPAL PLACE OF BUSINESS & MAILING ADDRESS: 1800 W. MORRISON AVE., TAMPA, FL. 33606

ARTICLE V – NAME & ADDRESS OF REGISTERED AGENT JOE PINO 1800 W. MORRISON AVE., TAMPA, FL. 33606

ARTICLE VI – NAME & ADDRESS OF INCORPORATOR (ADDRESS ONLY)
JOE PINO
1800 W. MORRISON AVE.,
TAMPA, FL., 33606

ARTICLE VII – INITIAL OFFICER/DIRECTOR JOE PINO 1800 W. MORRISON AVE., TAMPA, FL., 33606

REGISTERED AGENT ATTESTATION:

I, JOE PINO, NEWLY APPOINTED REGISTERED AGENT TO: SANDSTONE SALES, INC., (P08000082657) UNDER PENALTIES OF PERJURY STATE THAT I AM FULLY FAMILIAR WITH THE OBLIGATIONS OF THE POSITION. MY SIGNATURE IS A CONFIRMATION OF THE FOLLOWING:

JOE HIND

The date of each amendment(s) adoption: SEPTEMBER 15TH, 2008	
Effective date if applicable: SEPTEMBER 15TH, 2008	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of very the amendment(s) by the shareholders was/were sufficient for approval.	otes cast for
The amendment(s) was/were approved by the shareholders through voting gi following statement must be separately provided for each voting group entities separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for	approval by
(voting group)	
The amendment(s) was/were adopted by the board of directors without share and shareholder action was not required.	holder action
The amendment(s) was/were adopted by the incorporators without sharehold shareholder action was not required.	er action and
Signature (By a director, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
JOE PINO (Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_

FILING FEE: \$35